

Hawaii's System of Care: Lessons for the Field

Bowman, Donkervoet, & Daleiden

Web: <http://www.hawaii.gov/health/mental-health/camhd/index.html>



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The Family Experience Prior to System Change

Staging of Change

Hawaii's Decade of Development

Integrated
Accountability

2004: Managing the Evolving System

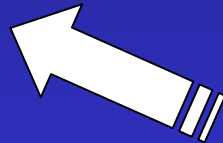
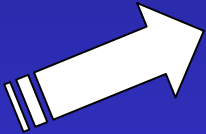
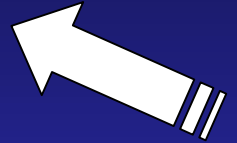
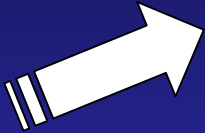
Quality Review &
Evaluation

1999 – 2002: Practice & Performance Management

Mid Course
Evaluation

1996-1998: Core Structural Framework

1994-1995: Preparing the Environment



Environmental Assessment and Planning

- System Leadership
 - Stakeholder engagement
 - Community outreach forums
 - Definition of system's core values
- Service / Practice
 - Definition of target population
 - Identification of key elements of service array
 - Engage provider partners
- Evaluation
 - Population

Developing Core Components

- System Leadership
 - Design structural framework
 - Strengthen family voice throughout system
 - Manage bureaucratic barriers/ challenges
- Service / Practice
 - Develop provider network
 - Develop case management capacity
 - Engagement of families and access
- Evaluation
 - Registration
 - Services
 - Cost

1999: Mid-Course Review

Factors

- Rapid Rise in Enrollment
- Weaknesses in Provider Network Array
- Restrictive Care
- Cost

Infusing Practice & Evaluation: Data-driven Decision Making

- System Leadership
 - Design framework that strengthens practice while maintaining the decision making at team level
 - Design structures to support practice & monitoring efforts
- Service / Practice
 - Evaluate and prioritize the populations
 - Identify model for identification services or practices
 - Implementation of workforce development activities
- Evaluation
 - Case Based Reviews
 - System Performance: access, plans, implementation

Community Continuous Improvement & Managing Drift

- System Leadership
 - Strengthen community self-monitoring
 - Public sharing of results to community stakeholders
 - Sustaining fiscal base
- Service / Practice
 - Implementation: Training, mentoring, supervision
 - Core Curriculum for Care Coordinators
- Evaluation
 - Child Status & System Performance
 - Providing tools to assure meaningful data are accessible and useful to staff and teams

Refining the Evolving System

- System Leadership
 - Review and redefinition of the vision
 - Sustaining relationships with families, core agencies partners, and communities
 - Refining community monitoring and evaluation

The Developing Practice System

Service / Practice

- Ongoing Provider Engagement
- Implementation of EBS
- Continued review of literature and needs
 - Data driven decision for specialized population focus
 - Definition of outcomes
- Refining the Array of Services

The Evolving Evaluation Process

- Tiered Levels of Review
 - Incorporation of monitoring and evaluation throughout all levels of the system
- Internal & External review
 - Internal and External Review
- Qualitative & Quantitative Focus
 - Qualitative & Quantitative Measures
- Satisfaction Surveys
 - Family
 - Provider
 - Staff

Lessons Learned about Change

- Don't rush the foundation work
 - Understand the status of system and need
 - Engage Stakeholders
 - Develop values
 - Define population
- Change takes time
- Focus of Evaluation changes over time

****Implementation Matters****

The Family Experience Now:

Integral Part of System
Management

Roles of Families

- Provide Training & Peer Support
- Foster Family Involvement
- Strengthen Stakeholders

Training & Peer Support

Assure that families are included as full and equal partners in the planning, delivery, and evaluation of the services.

Youth Council

Leadership Academy

Warm Line

Parent Surveys & Internal Reviews

Training & Parent Support Groups

Family Involvement

Assure that families have voice, ownership, and options at every level of service system

- Community Children's Councils
- Interagency QA Committees
- Mental Health State Council
- Legislative Advocacy
- Internal Review Focus Groups

Stakeholder Capacity

Strengthen the capacity of families, providers, stakeholders to collaborate and improve outcomes for youth with emotional and behavioral challenges.

- Build informal resources
- Juvenile justice and special education councils
- Monitor the integrity of internal review process
- Participate in the writing of best practice statements
- Participate in the evaluation of provider proposed bids for services

Systemic Evaluation

1. Performance Measures
2. Internal Reviews
3. Quantitative Analysis of Youth Status

CAMHD Statewide Performance Measures

Infrastructure

Personnel

Positions Filled

Caseload

Services

Service Planning

CSP Timeliness

CSP Quality

Products

System Performance

Internal Reviews

Provider Reviews

Fiscal

Timely Provider Payment

Within Quarterly Budget

Service Access

Service Gaps

Service Mismatches

Child Status

CAFAS & CBCL

Case-Based Reviews

Other Business Units

FGC, Central Office, &

Committee Processes

Service Environment

In-State

In-home

Stakeholder Rights

Complaints

Satisfaction

DOE Statewide Performance Measures

Infrastructure

Personnel

Qualified Staff Hired
Caseload

Fiscal

Within Quarterly Budget
Average Cost per

Data Management

Accurate
Administrative Usage

Services

Service Planning

Evaluation Timeliness
FBA - BSP Congruence

Service Access

Service Gaps
Utilization Trends

Service Environment

Least Restrictive
Evidence Based Practice

Products

System Performance

Internal Reviews
Quality Assurance

Child Status

Behavioral
Academic

Stakeholder Rights

Complaints
Parent Organizations

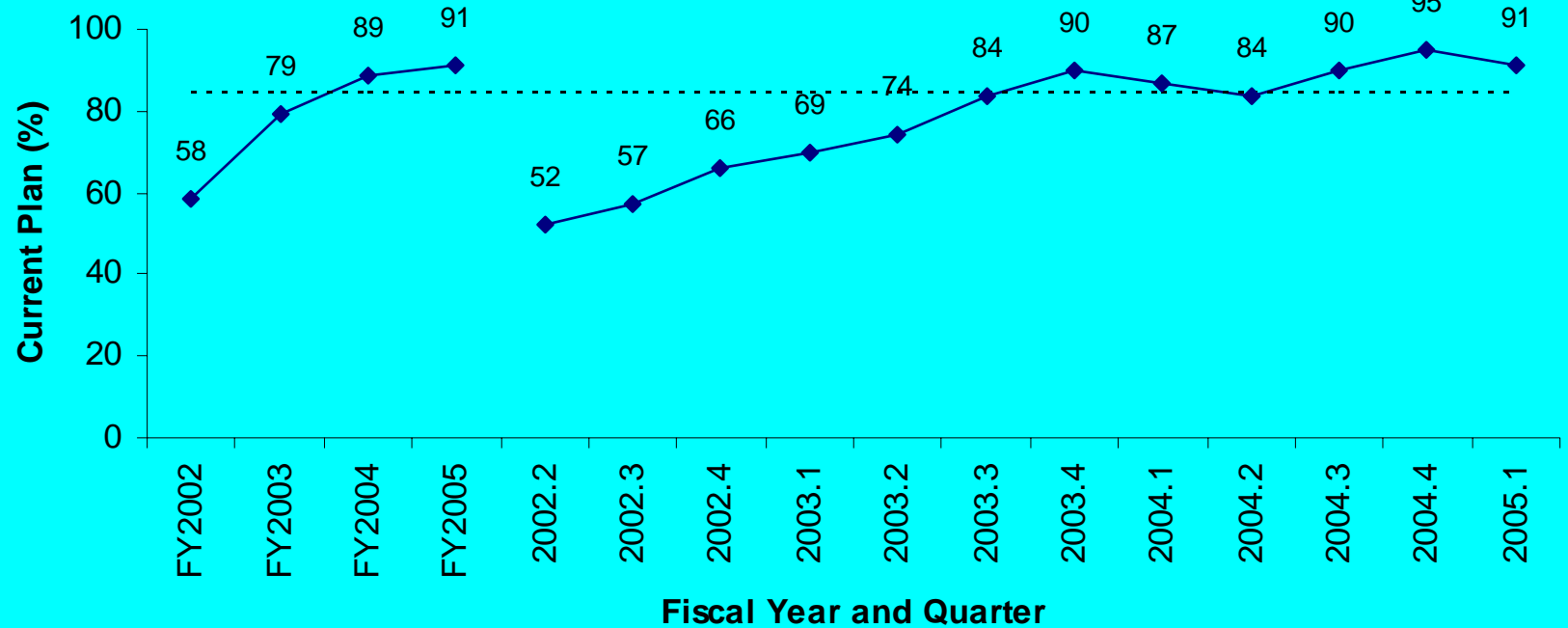
Some Illustrations

1. Service Planning
2. Least Restrictive Services
3. System Adaptation

Coordinated Service Planning

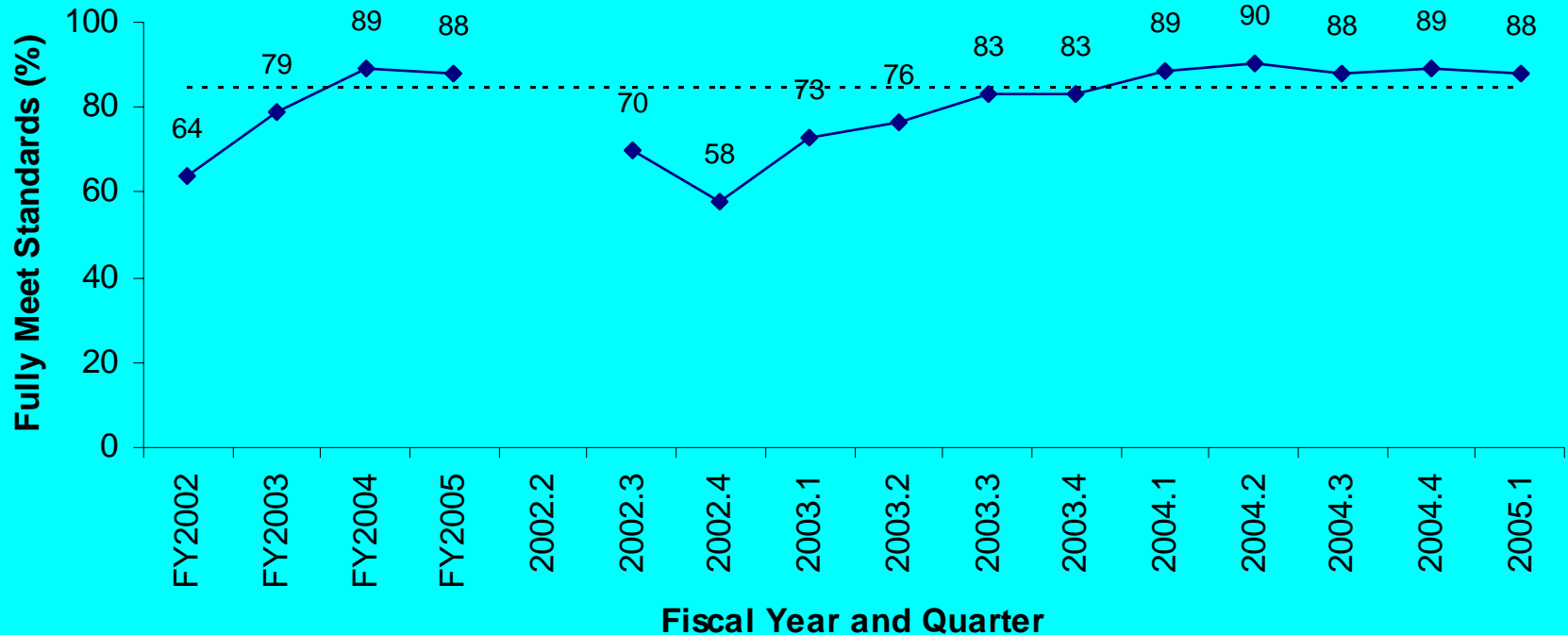
Create Timely Plans

Average Coordinated Service Plan Timeliness



Maintain High Quality Plans

Average Coordinated Service Plan Overall Quality



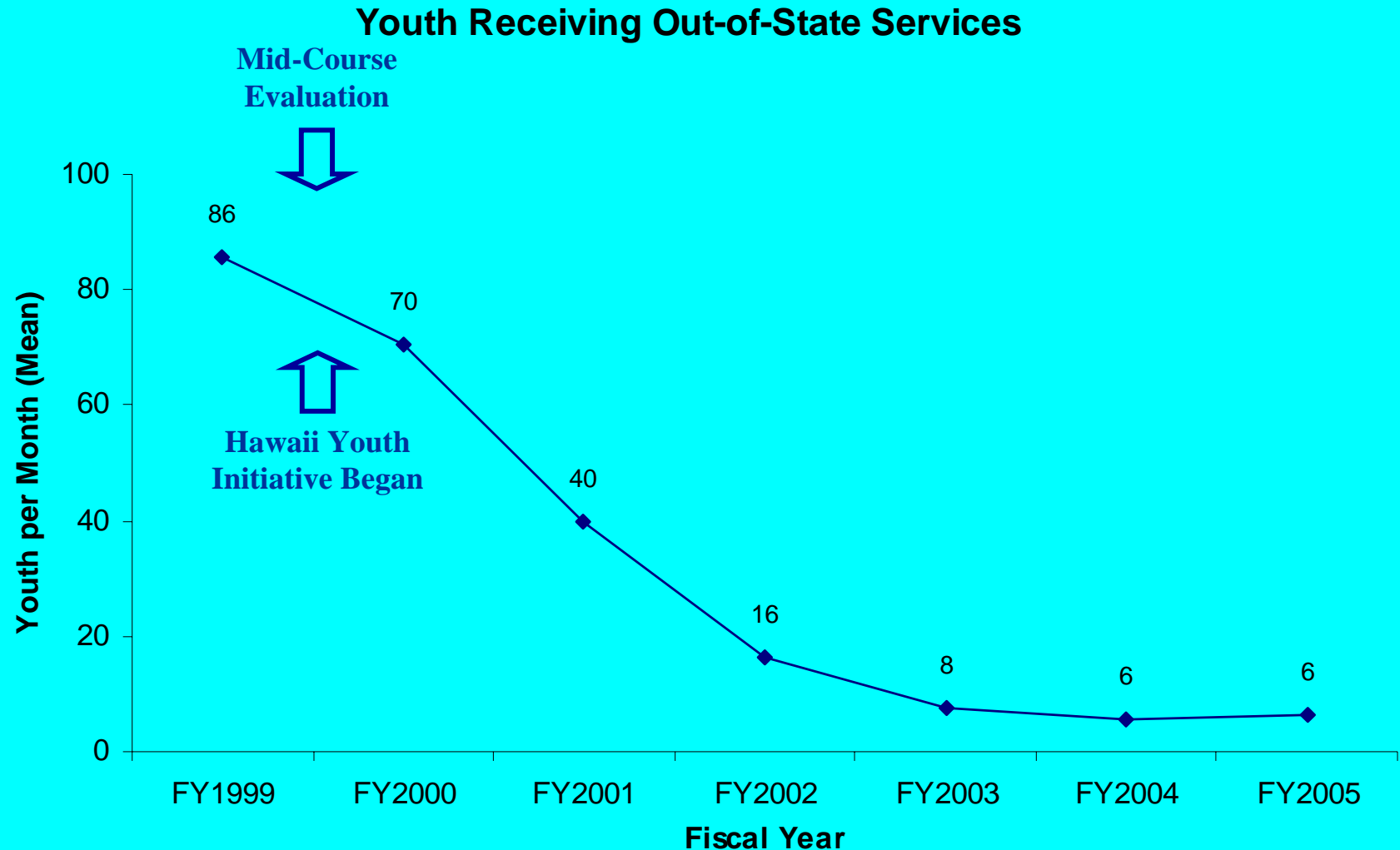
Quality Dimension Examples:

- Family & Stakeholder involvement
- Individualized
- Address needs, concerns, & priorities
- Long-term view on outcome

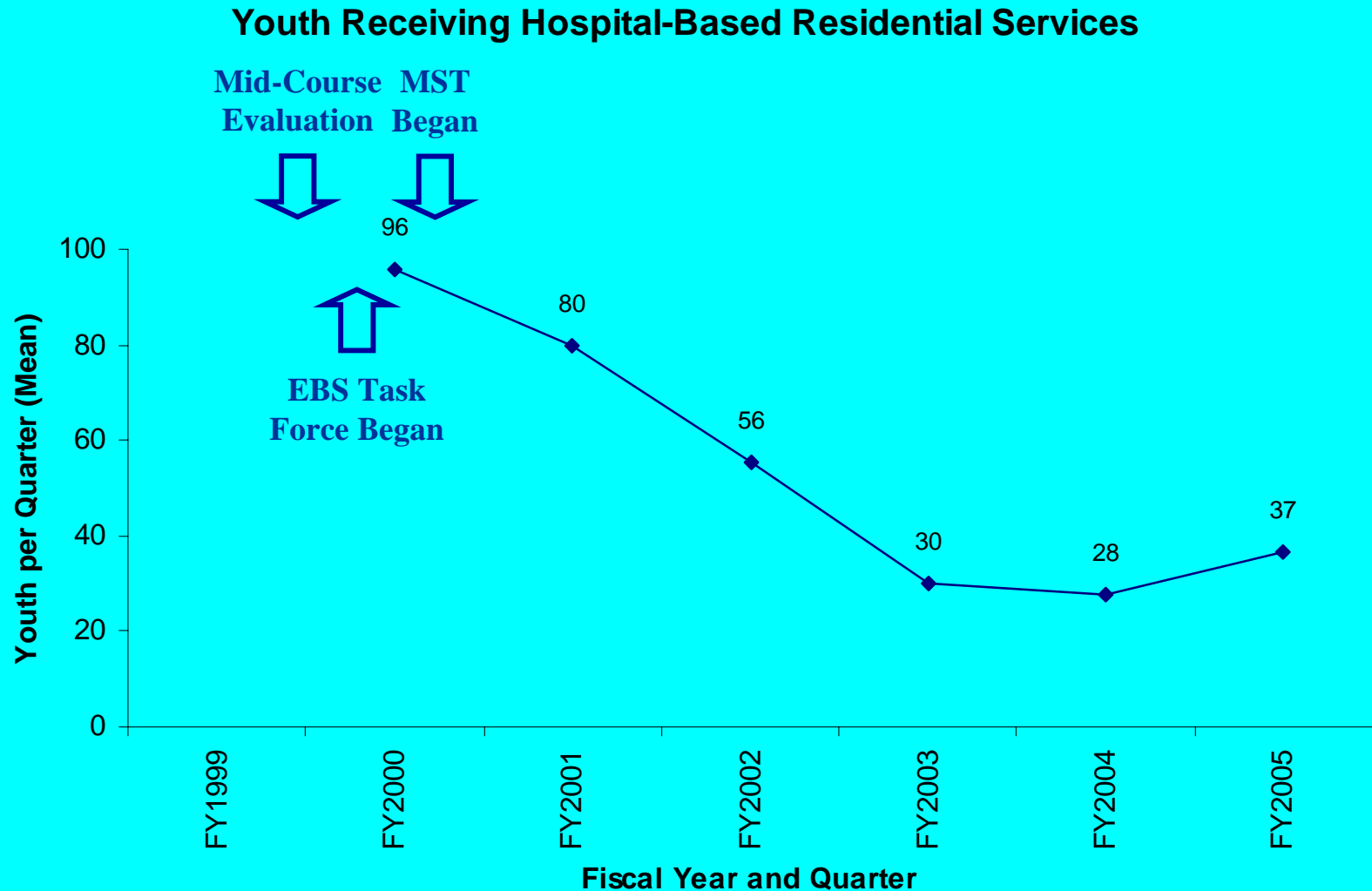
- Informal supports
- Evidence-based services
- Crisis & transition plans
- Least restrictive environment

Least Restrictive Services

Bring them Home: Hawaii Youth Initiative

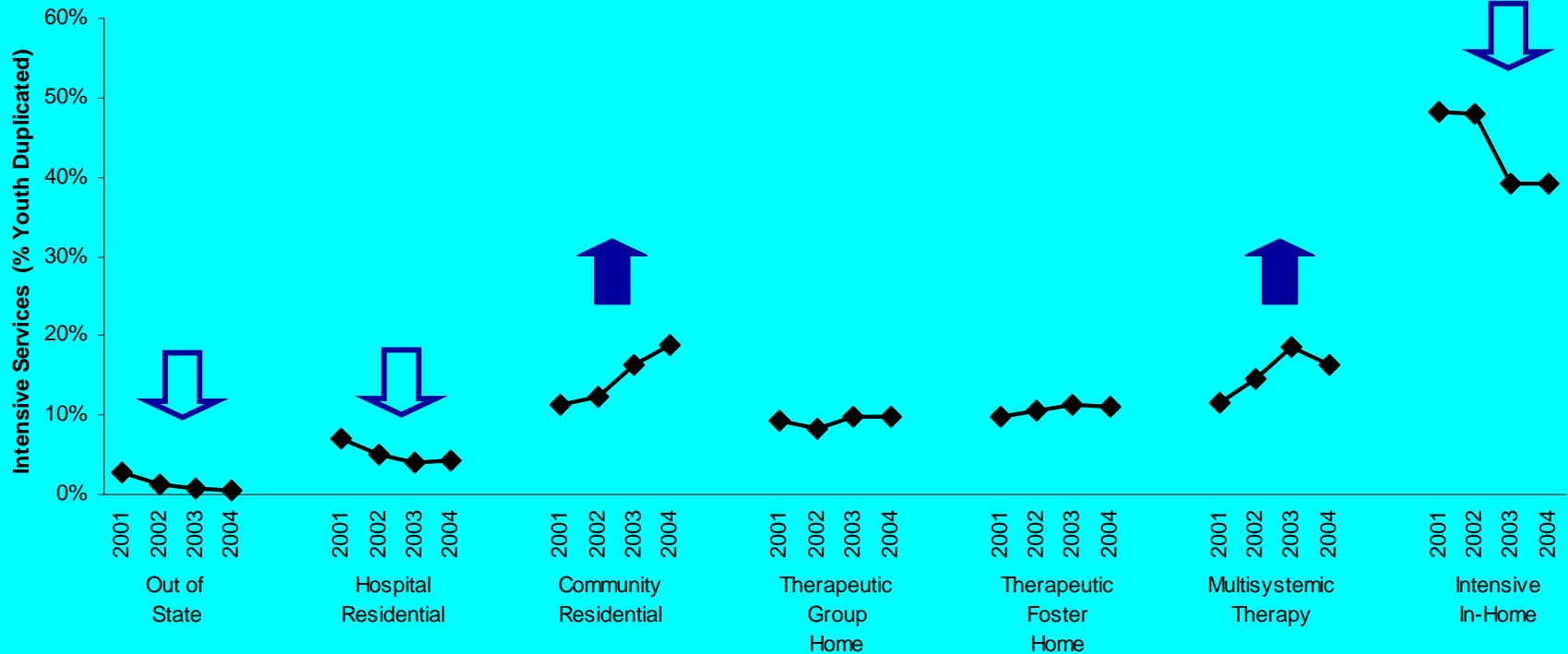


Avoid Hospital Residential Services for Conduct Disorders: MST Initiative

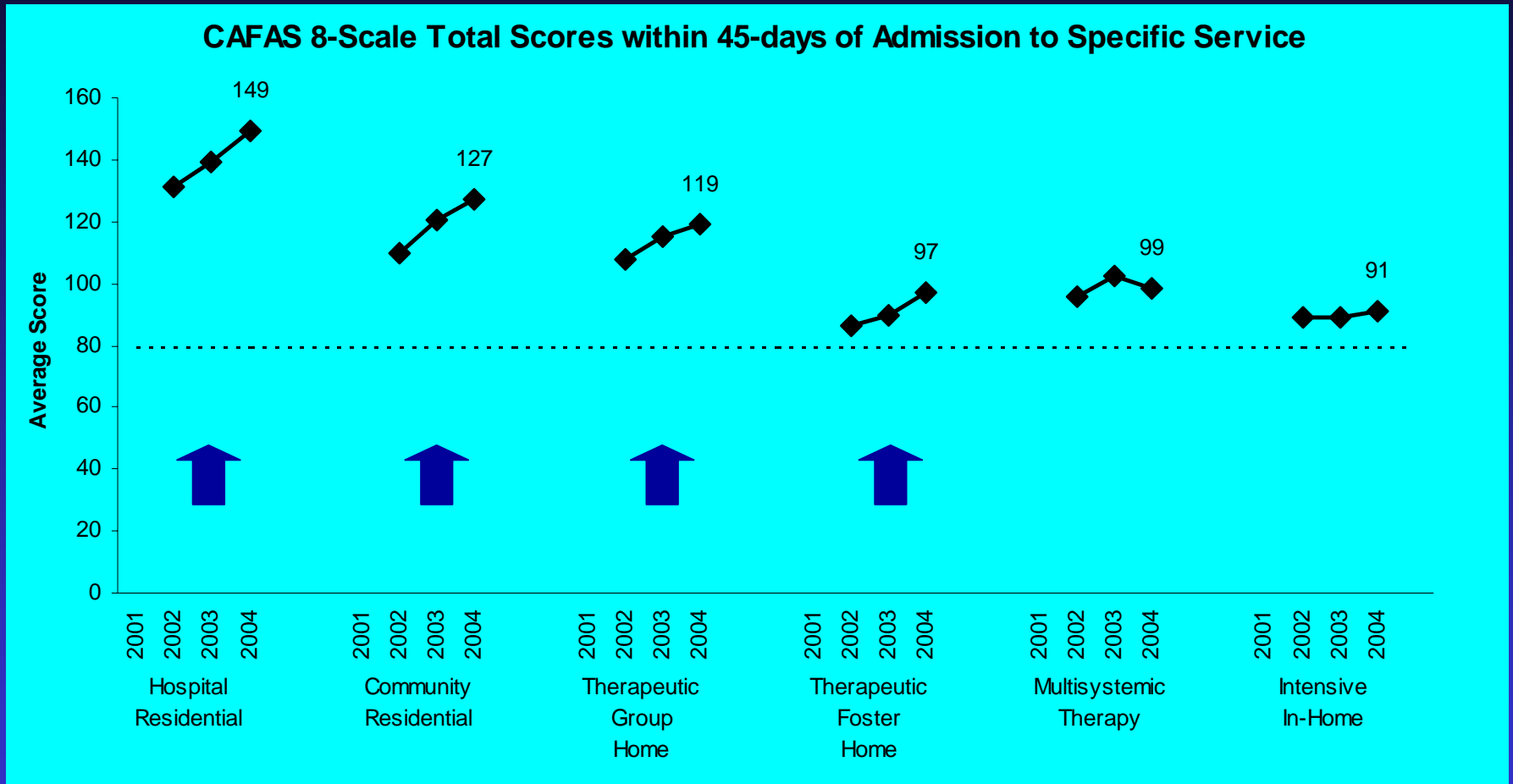


The Balancing Act: Other Services Adjust

Proportion of Intensive Services by Type of Service

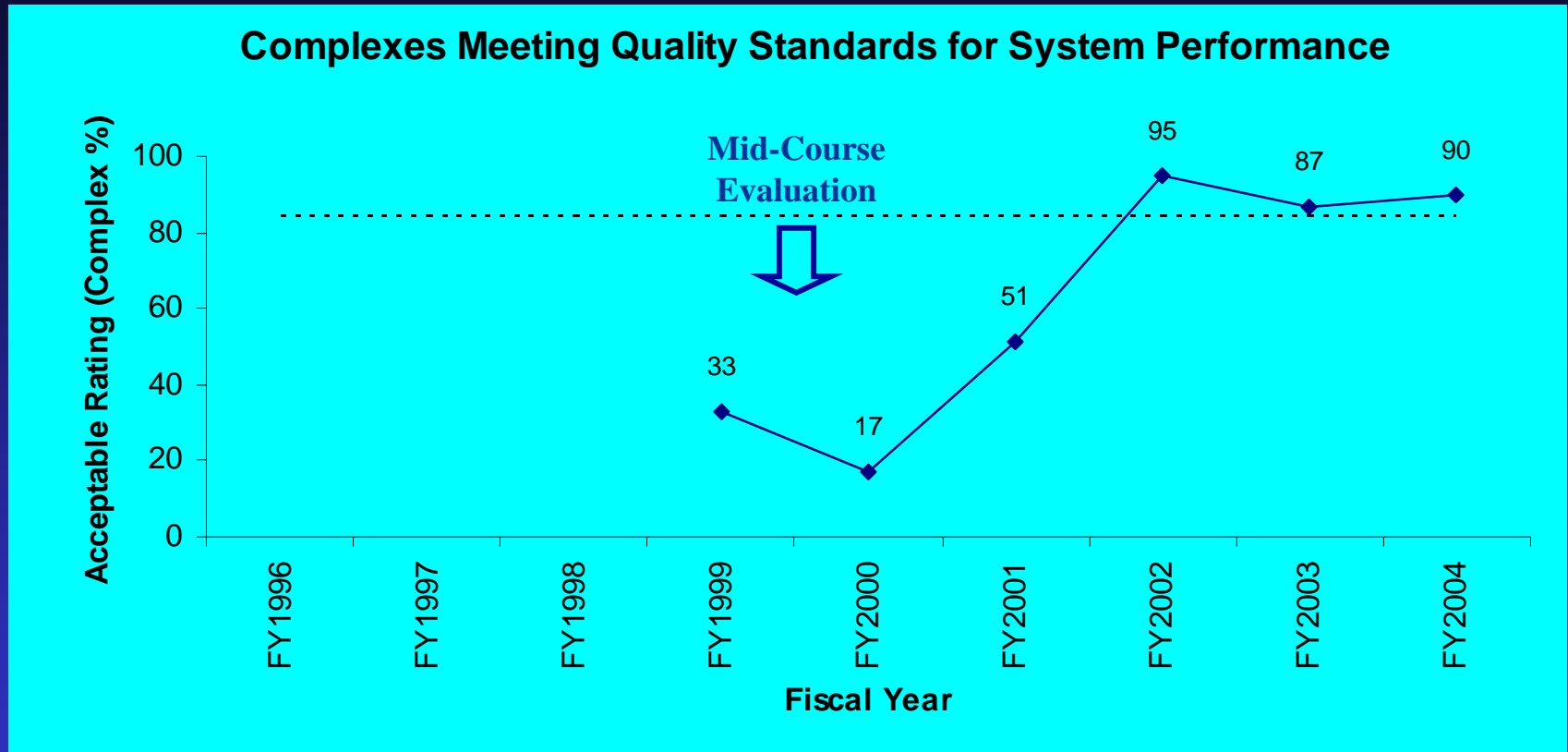


Problem Severity at Intake Evolves



Internal Reviews

System Performance



Quality Dimension Examples:

Functional Assessment

Long-term view

Service Plan & Implementation

Service Array & Integration

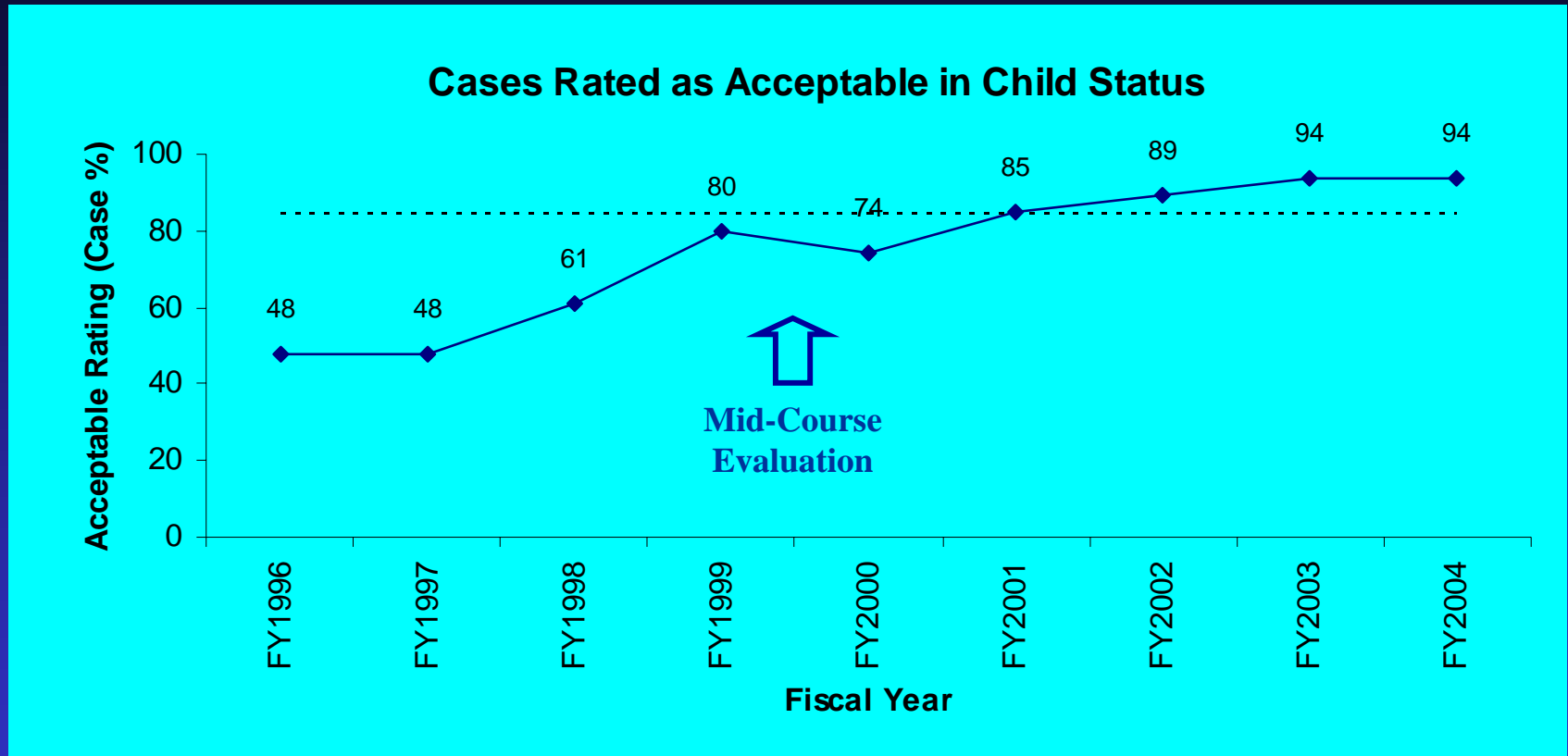
Service Coordination & Transition

Caregiver Supports

Effective Results

Monitoring & Modification

Child Status



Quality Dimension Examples:

Learning Progress

Personal Responsibility

Safety/Personal Well-being

Emotional/Behavioral Well-being

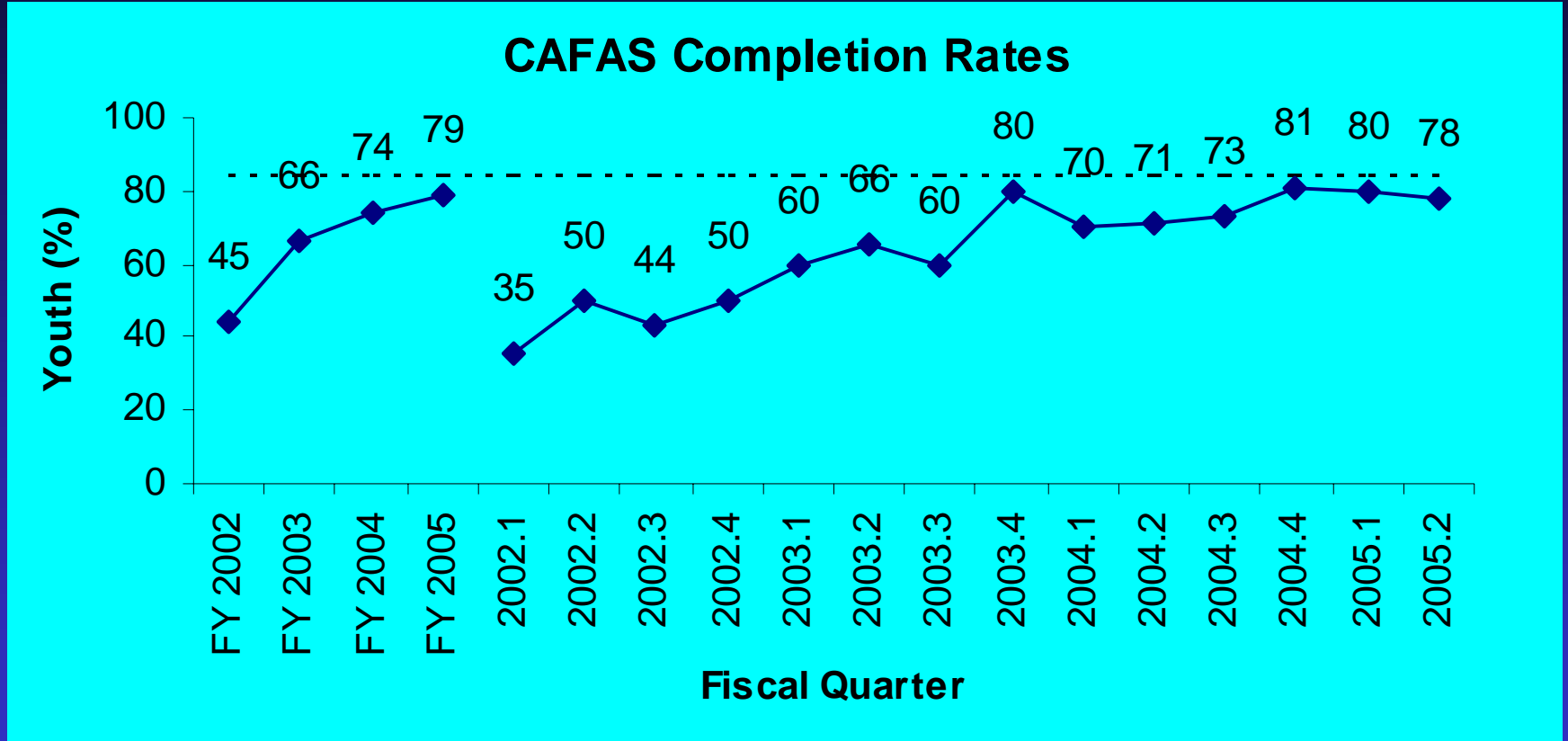
Community Home

Caregiver Functioning

Child/Family Satisfaction

Quantitative Analysis of Youth Status

Measurement Requires Persistence



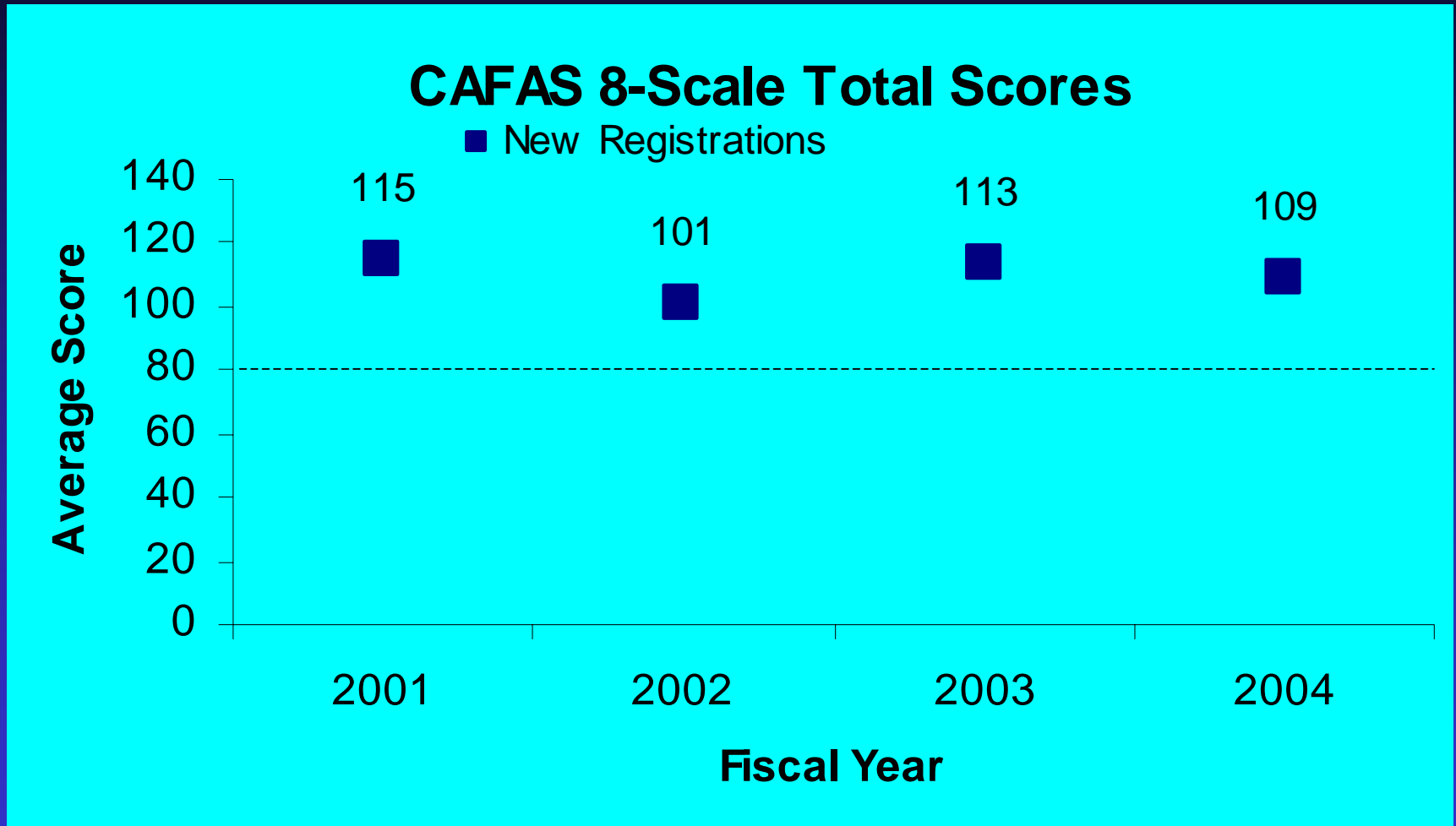
Improvement with Services?

EBS Pre-Post Effect Sizes

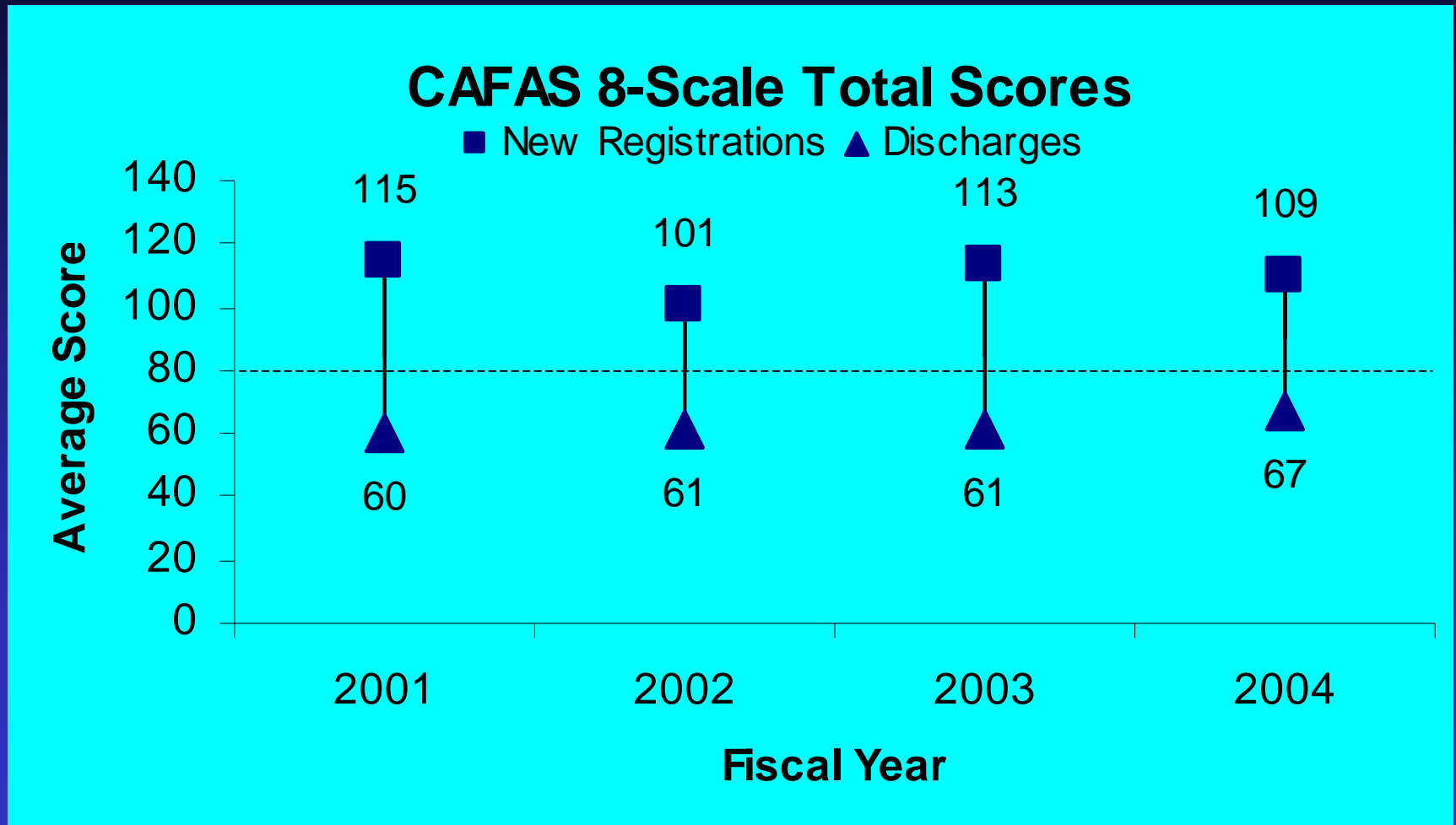
Problem Area	Level I & II Effect Sizes
Anxiety and Avoidant	0.5 – 2.0
Attention and Hyperactivity	1.6
Depressed and Withdrawn	1.4 – 1.7
Disruptive Behavior	0.5 – 1.6

Source: CAMHD (2004). Evidence-based services committee biennial report

Youth Status at Registration?

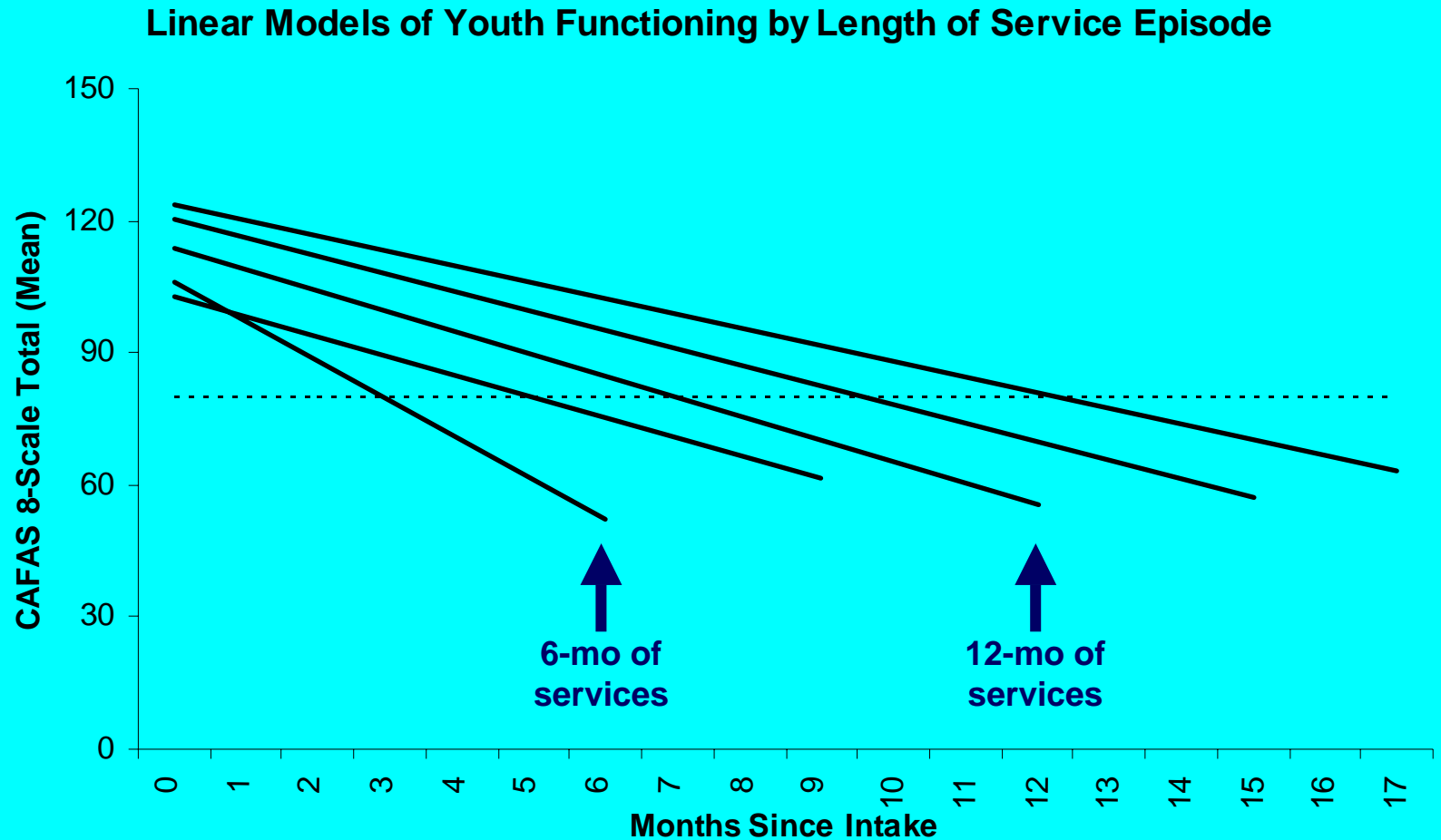


Youth Status at Discharge?

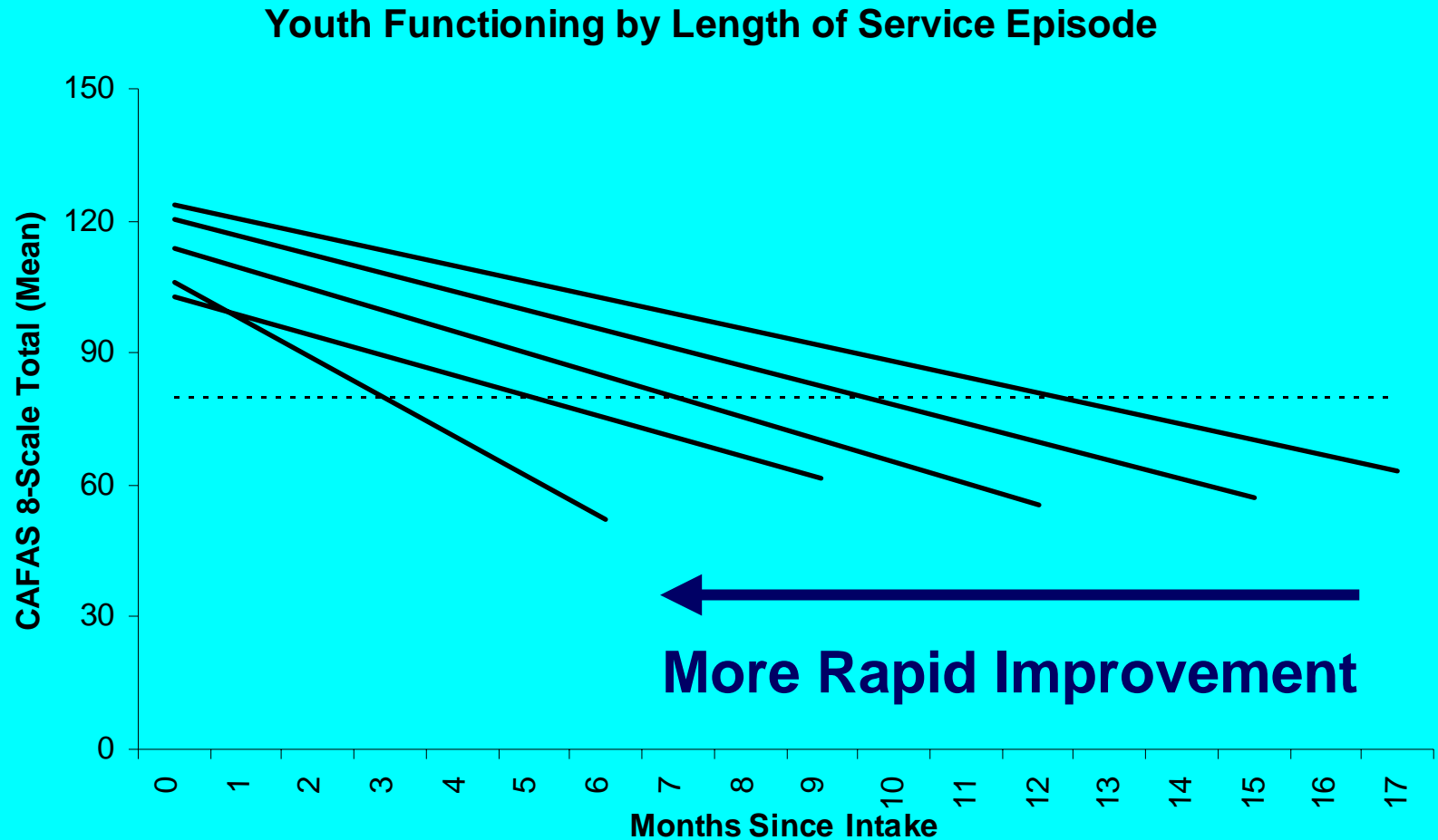


2004 Group Difference Effect Size = 1.2

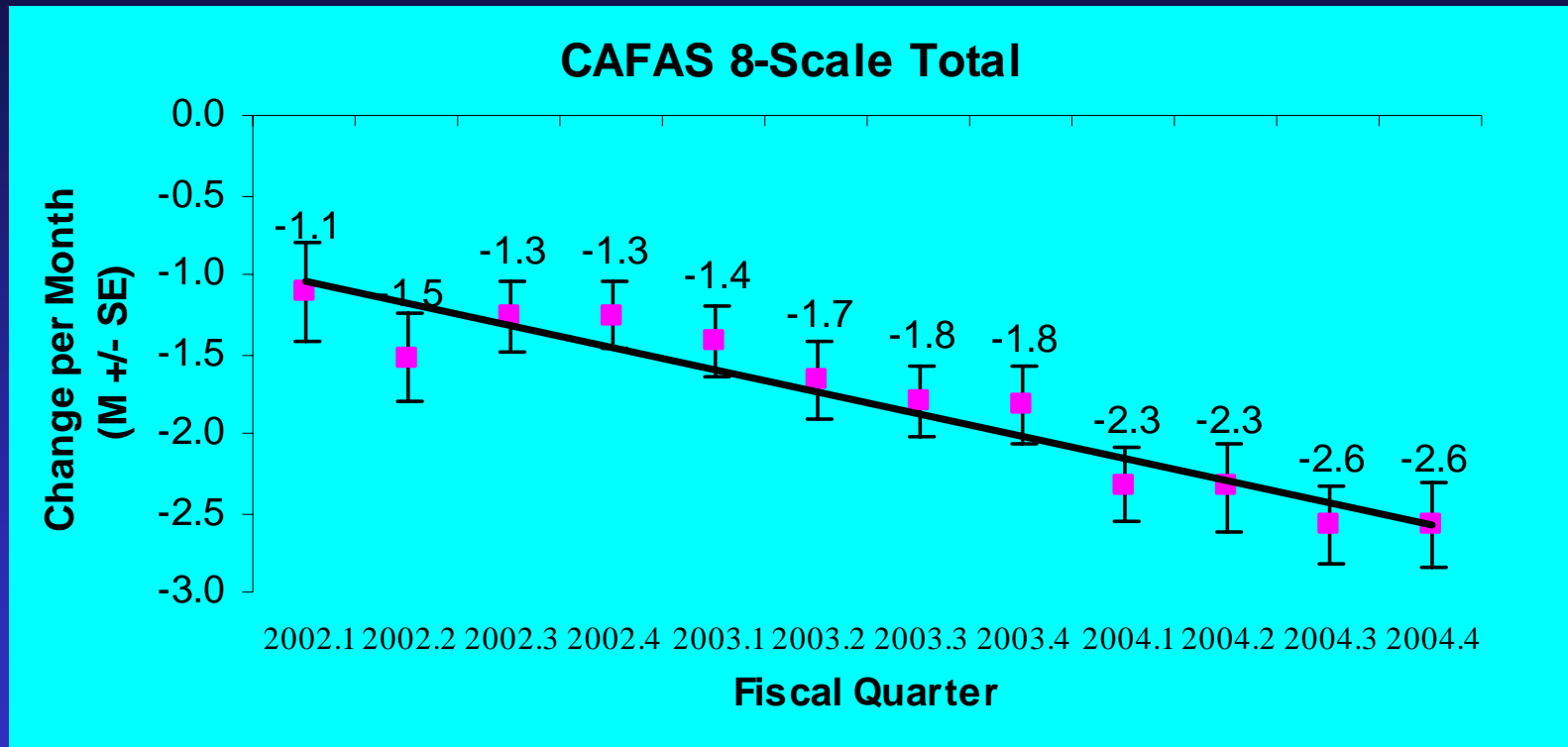
Services Tend to Continue Until Functioning Improves



The Question of Rate



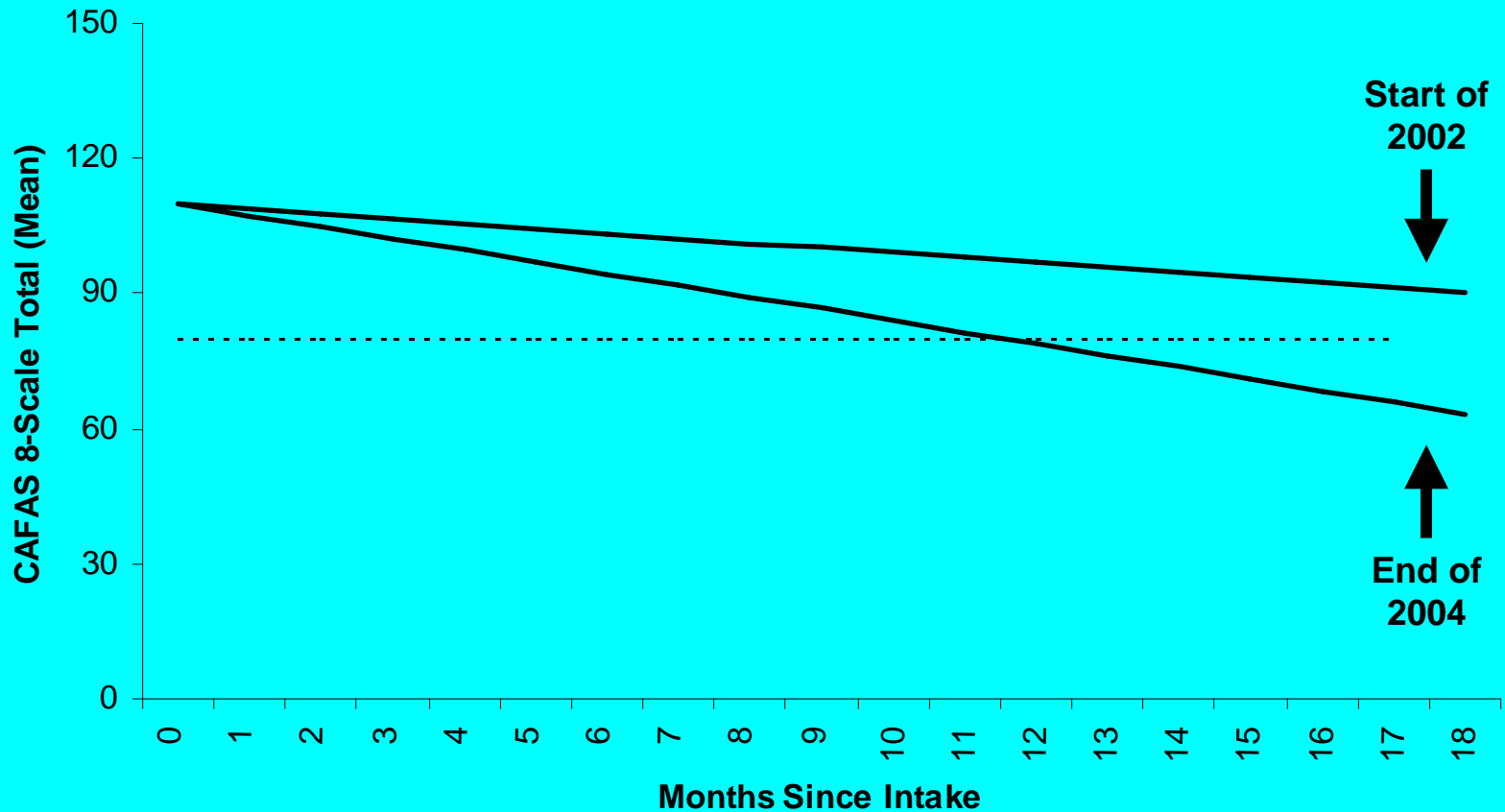
Rate of Improvement?



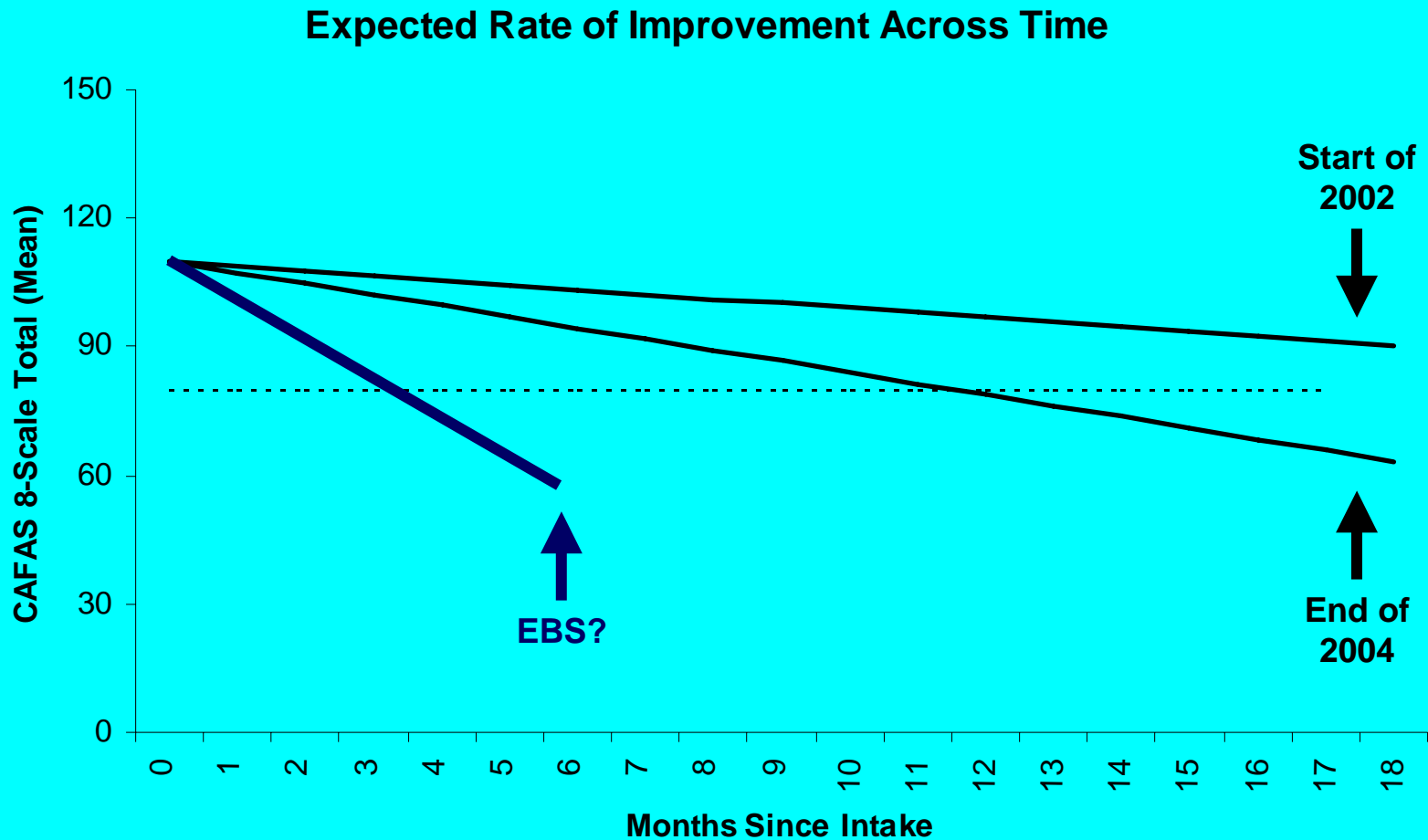
Final Effect Size Change = .07/mo, .84/yr

Getting Better at Getting Them Better

Expected Rate of Improvement Across Time



Room for Improvement



Delving Deeper

1. What predicts reliable change?
2. What is actually happening in practice?

What predicted changes in functioning?

Gender?

No

What predicted changes in functioning?

Race and Ethnicity?

No

What predicted changes in functioning?

Type of Problem?

Primary Substance-Related Disorder

Primary Mood Disorder

were more likely to reliably improve

What predicted changes in functioning?

Type of Problem?

Primary Disruptive Behavior Disorder

was **less** likely to reliably improve

What predicted changes in functioning?

Service Setting?

Multisystemic Therapy
Therapeutic Group Home
Hospital-Based Residential

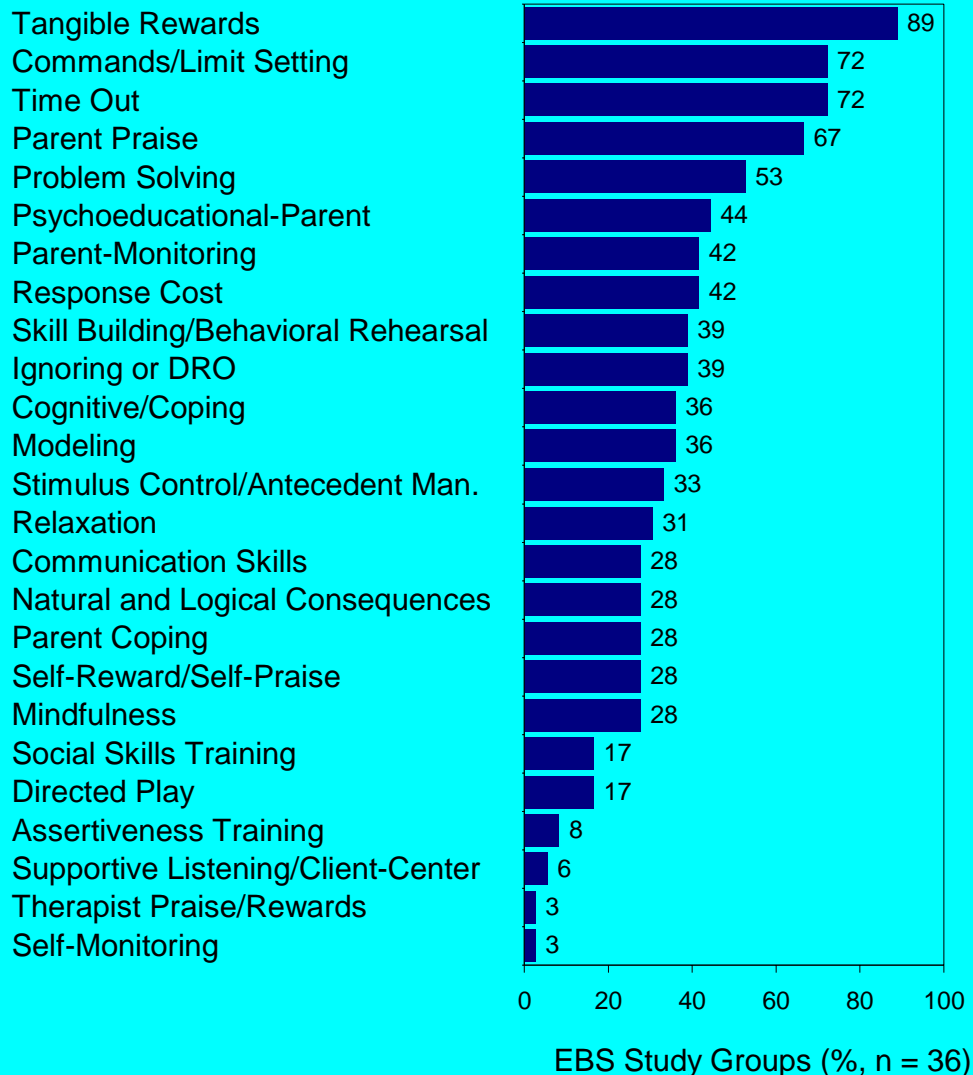
were more likely to reliably improve

Getting at practice?

1. Identify elements of EBS protocols
2. Providers report their practices
3. Compare EBS to Actual Care

EBS Protocols for Disruptive Behavior

Protocols with Level 2 Good Support or Better



Average
Protocol

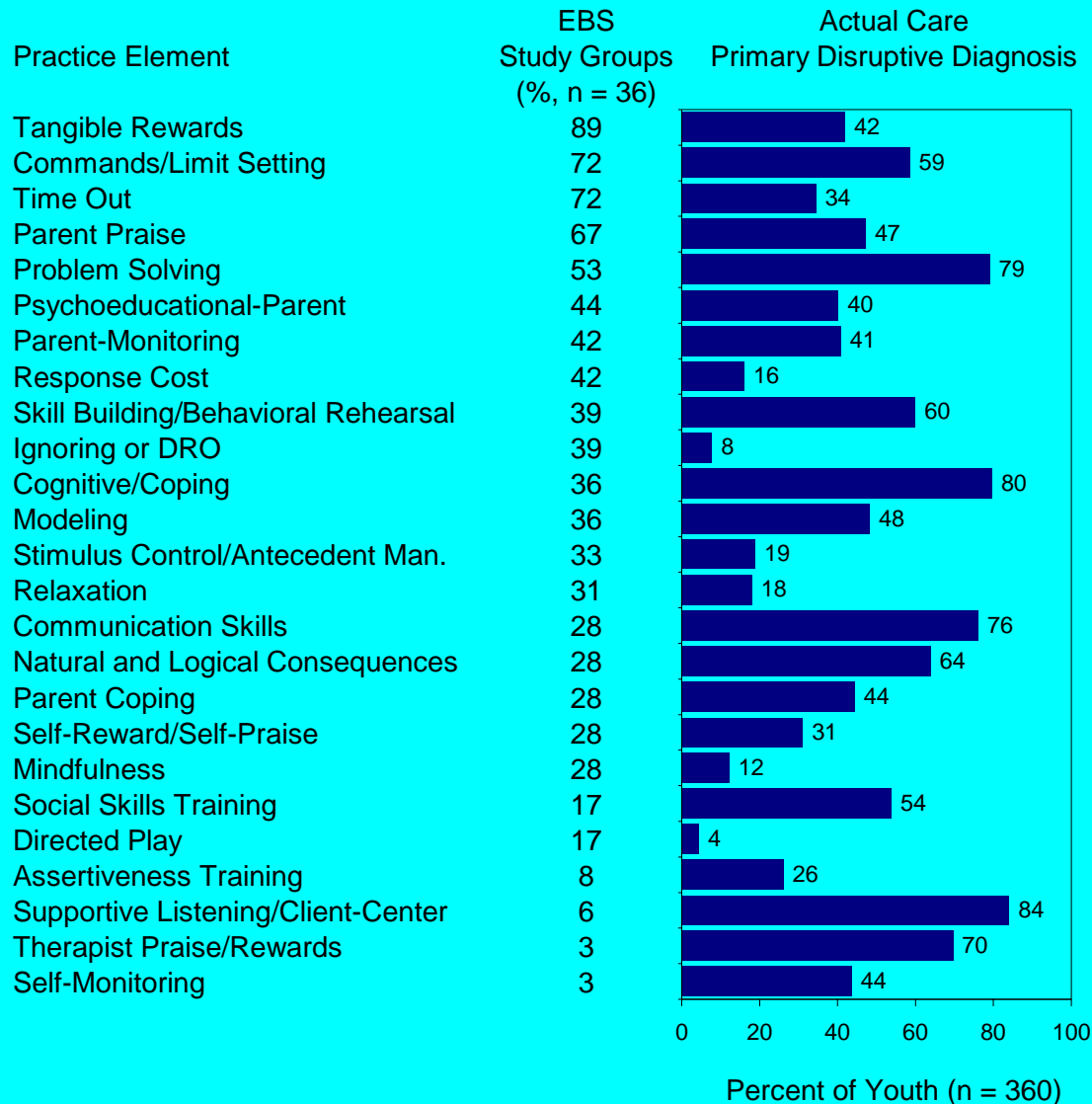
N of
Practices

8

Ave. Weight
per EBS
Practice

48%

Actual Care for Disruptive Behavior



Average
Case

N of EBS
Practices

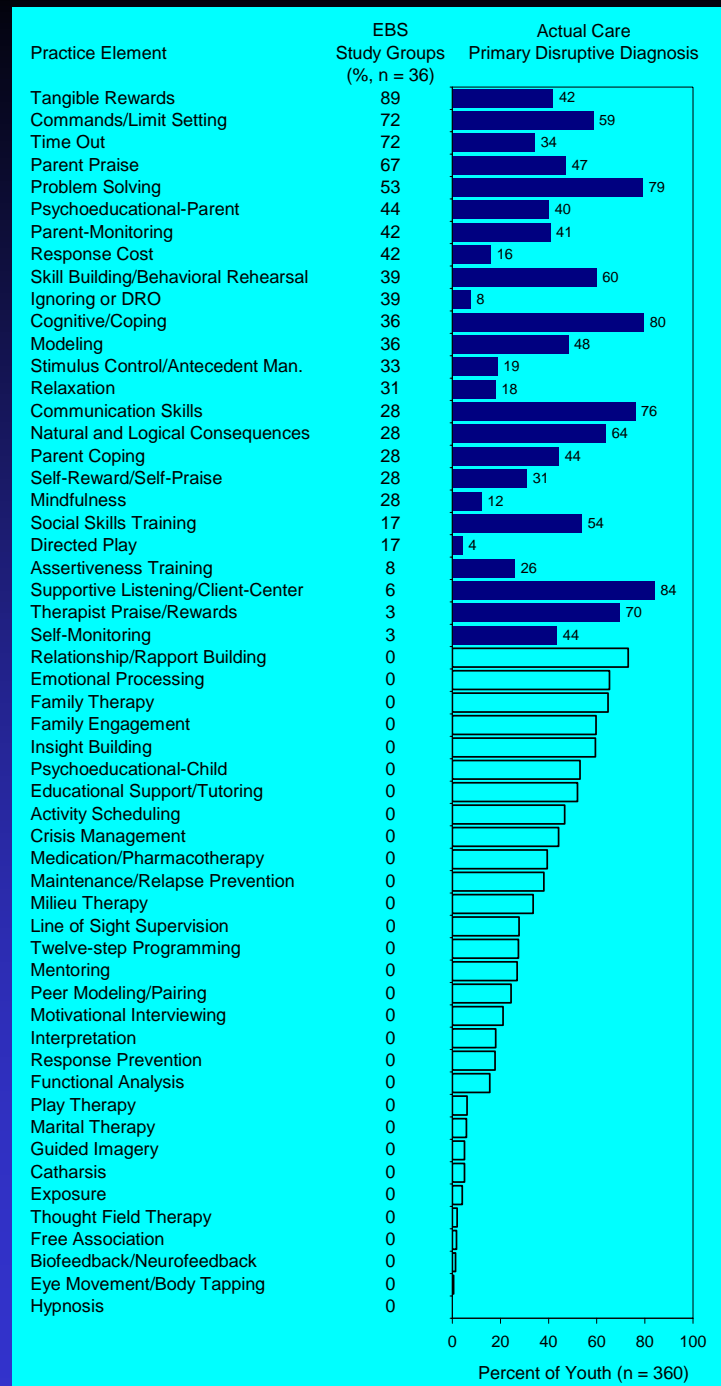
11

Ave. Weight
per EBS
Practice

34%

Primary Disruptive Behavior Disorders

	Average Protocol	Average Case
Total N of Practices	8	19
N of EBS Practices	8	11
Ave. Weight per Practice	48%	20%



Lessons Learned

1. Change Takes Time
2. Persist in Measurement and Intervention
3. Measurement is not Substance
4. Develop Substantive Feedback
5. Manage the Processes
6. Own the Outcomes